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Bib Data Sheet

CONFIRMATION NO. 9282

<b>SERIAL NUMBER</b> 10/055,673	<b>FILING DATE</b> 01/22/2002 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> T9376.DIV1	
<b>APPLICANTS</b> Peter Pal Varga, Budapest, HUNGARY; James A. Ogilvie, Edina, MN;					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 09/592,072 06/12/2000 <i>with</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/15/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> HUNGARY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 20449					
<b>TITLE</b> Intervertebral spacing implant system					
<b>FILING FEE RECEIVED</b> 457	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		